

REQUEST FOR PROPOSAL

FOR

Personal Emergency Response System Monitoring (PERS)

Contract Period: January 1, 2017 through June 30, 2017

Issued by

York County Area Agency on Aging

100 West Market Street

York, PA 17401

Telephone: (717) 771-9610

Facsimile: (717) 771-9044

E-mail: MWShea@yorkcountypa.gov

Mark Shea, Director

SECTION 1

General Information for the Applicant

1-1. Background

The Pennsylvania Department of Aging was created in 1979 to advocate for Pennsylvania's rapidly aging population. It is the entity responsible for implementing the provisions of the Federal Older Americans Act in the Commonwealth through a statewide network of fifty-two (52) Area Agencies on Aging. The Department utilizes Federal and State general revenue funds, but most of its resources come from the Pennsylvania State Lottery Fund.

Locally, the York County Area Agency on Aging is designated by the Pennsylvania Department of Aging to plan and coordinate comprehensive services for older residents of York County. A wide variety of home and community based services are offered to persons sixty (60) years of age or older and their spouses and, in certain circumstances, persons eighteen years of age and older. The primary focus of the York County Area Agency on Aging is to provide education, advocacy, and coordination of community-based services to empower older adults to maximize their independence and quality of life.

1-2. Purpose

The primary purpose of this Request for Proposal (RFP) is to identify personal emergency response systems that are able to demonstrate administrative capacity to adhere to the minimum operating standards as enumerated in this RFP in York County. The issuance of this document is to provide interested application with the necessary information regarding submitting a proposal. This procurement action should not be construed as an invitation to bid.

1-3. Statement of the Problem

The York County Area Agency on Aging (YCAAA) as a grantee of the Pennsylvania Department of Aging (PDA) and recipient of Aging Block Grant funds has a responsibility to ensure the adequate supply of qualified vendor services to promote consumer choice and meet the needs of older adults in YCAAA's designated planning and service area. In Fiscal Year 2016/2017, YCAAA received an increase in its base allocation of Aging Block Grant funds. Therefore, in accordance with PDA's Program Directives, YCAAA has employed a competitive procurement process to ensure economic and quality delivery of service. The growing demand for services has warranted the need for additional service providers to provide sufficient coverage in accordance with consumers' individualized service plans.

Consumers requiring Personal Emergency Response Systems typically have limited informal supports able to provide assistance and little to no financial means to pay privately for services. These systems include but are not limited to the alert and notification of designated individuals of high-risk events such as a fall or medical emergency. These services are usually supportive in nature and enable participants to remain in the community. This service provides help in reducing safety risks by employing technology that help to ensure safety in the home. These devices may include but are not limited to: PERS units which have help activation buttons or pendants and fall detectors.

1-4. Issuing Office

The York County Area Agency on Aging has issued this RFP. The sole point of contact for this RFP shall be the contact person:

Mark Shea
Director
York County Area Agency on Aging
100 West Market Street
York, PA 17401
Telephone: (717) 771-9610
Facsimile: (717) 771-9044
E-mail Address: MWShea@yorkcountypa.gov

Please refer all questions and inquiries to the contact person.

1-5. Restriction of Contact

From the issue date of the RFP until the York County Area Agency on Aging selects a proposal for award, the contact person is the sole point of contact concerning this RFP. Any violation of this condition may be cause for the Issuing Office to reject the offending applicant's proposal. If the York County Area Agency on Aging later discovers that the applicant has engaged in any violations of this condition, the York County Area Agency on Aging may reject the offending applicant's proposal or rescind its contract award. Applicants must agree not to distribute any part of their proposals beyond the York County Area Agency on Aging.

1-6. Type of Contract

The AAA intends to enter into an allowable cost reimbursement contract. The York County Area Agency on Aging, at its sole discretion, may undertake negotiations with applicants regarding the cost of service.

1-7. Prior Costs

The York County Area Agency on Aging is not liable for any costs incurred by the applicant prior to the execution of a contract. No York County Area Agency on Aging funds may be used to pay for, or otherwise offset the costs of, the use of a grant writer.

1-8. Qualified Applicant

The York County Area Agency on Aging will only evaluate and rank proposals received from qualified applicants. A qualified applicant is an organization that has met the minimum operating standards and submitted, in full, the information required in the Appendix.

1-9. Selection or Rejection of Proposals

The selection committee shall consist of York County Area Agency on Aging senior management, contract management and management staff from other York County Human Services agencies.

The York County Area Agency on Aging reserves the right to cancel or withdraw this RFP at its discretion and to waive any minor or technical deviations as it deems necessary. The York County Area Agency on Aging further reserves the right to reject any or all proposals, or to award in whole or part that which is deemed to be in the best interest of the York County Area Agency on Aging and its consumers.

Applicants will be held to the price terms submitted in their proposals as maximums for a period not to exceed one hundred eighty (180) days, and may be required to alter their price depending on the determination of the York County Area Agency on Aging that aspects of the proposed program should be changed. Failure to meet obligations may result in cancellation of any contract.

Proposals submitted by any successful applicant will become part of the contract resulting from this RFP, and the conditions of this RFP are applicable to all contracts. The successful applicants will be expected to sign a contract which includes additional terms and conditions. The York County Area Agency on Aging reserves the right to obtain information regarding the ability of the applicant to render the service or services proposed and such information may be considered in evaluating the applicant's proposal. It is expected that the evaluation of the applications will be completed by November 30, 2016. Each applicant will receive written notification of the final disposition of their proposal.

1-10. Appeal Procedure

The AAA will notify applicants whose proposals are not selected of their right to appeal in the written final disposition notice.

1-11. Pre-Proposal Meeting

A pre-proposal meeting for prospective applicants will be held at 12:00 p.m., EST, Thursday, October 20, 2016 in the first floor conference room, at 100 West Market Street, York, PA 17401. Applicants who intend to submit a proposal in response to the RFP are invited and encouraged to attend. Questions and/or inquiries concerning this RFP must be submitted in writing and received by the issuing office not later than 4:30 p.m., EST, Friday, October 14, 2016. Responses to questions/inquiries will be provided at the meeting. No answers will be given over the telephone.

Minutes documenting the questions and answers will be distributed to all recipients of the RFP. No questions pertaining to the RFP will be answered after the pre-proposal meeting.

1-12. Response Date

To be considered, sealed proposals must arrive and be delivered to the York County Controller's Office, 28 East Market Street, York, PA, 17401, by 11:00 a.m., EST, Wednesday, November 9, 2016 and will be opened at 11:30 a.m., EST, Wednesday, November 9, 2016 publicly in the Administrative Center, 28 East Market Street, York, PA 17401, Basement Conference Room. Any proposal arriving later than 11:00 a.m., EST, Wednesday, November 9, 2016, will be rejected. No responsibility will be taken by the York County Area Agency on Aging for failure of a delivery service to deliver proposals on time, regardless of the reason. Late proposals will not be accepted under any circumstances and will be returned, unopened, to the applicant. Proposal submissions may not be sent by e-mail or fax.

1-13. Letter of Intent to Submit a Proposal

Any organization that intends to submit a proposal in response to this RFP is **required** to submit the **Letter of Intent to Submit a Proposal (Exhibit 1)** to Mark Shea by 4:30 p.m., EST, on Friday, October 7, 2016. The Letter to Submit a Proposal form may be faxed to (717) 771-9044. It is the applicant's responsibility to verify complete facsimile transmittal.

1-14. Contract Period

Subject to any other provision contained herein, the work described in the RFP shall continue for a period of six-months commencing on January 1, 2017 and ending on June 30, 2017.

1-15. Renewal

An executed contract pursuant to this RFP may be renewed for an additional period of up to four years at the conclusion of the original contract period as described above should the parties hereto, by mutual agreement, so desire. In the event the parties shall renew the contract as abovementioned, then in that event the terms and conditions stated therein shall remain in full force and effect, except as noted, and both parties shall be bound thereby for the renewal term. Renewal shall not be automatic, but shall be predicated upon mutual agreement and the execution of a separate document evidencing said agreement.

1-16. Non-Discrimination in Services

The applicant's services and programs shall be available to all eligible persons regardless of race, sex, income, national origin, religion, disability, or any other condition. The applicant will not provide any service or other benefit to a consumer which is different, or provided in a different manner, from that provided to others eligible for the same service.

1-17. False Information

Any applicant providing false information, which has been verified as false by the York County Area Agency on Aging, will be immediately disqualified from consideration.

1-18. Amendments to RFP

If it becomes necessary to revise any part of the RFP, amendments will be issued to all recipients.

1-19. Applicant's Representations and Authorization

By submitting its proposal, each applicant understands, represents, and acknowledges that:

- A. All of the applicant's information and representations in the proposal are true, correct and complete, and the York County Area Agency on Aging will rely upon the contents of the proposal in awarding the contract(s).
- B. The applicant has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

- C. The applicant makes its proposal in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.

1-20. Other General Provisions

- A. The successful applicant agrees to cooperate fully and in good faith with the York County Area Agency on Aging to accomplish the objectives of this RFP. Additionally, the successful applicant agrees to provide services in accordance with all York County Area Agency on Aging, State and Federal policies.
- B. The successful applicant shall not use funds awarded to conduct meetings, conferences, training sessions, or other gatherings at any facility which excludes or restricts membership or individuals on account of race, sex, age, income, national origin, religion or disability.
- C. The successful applicant will be monitored and evaluated fiscally and programmatically by the York County Area Agency on Aging. On-site visits for this purpose will be conducted periodically and full cooperation will be extended to the York County Area Agency on Aging.
- D. The successful applicant shall comply with:
- The Commonwealth of Pennsylvania's Non-Discrimination Policy
- AAA Contractor Integrity Provisions
 - Pennsylvania Law 1984-159, the "Worker and Community Right to Know Law:
 - The Americans with Disabilities Act
 - The Contract Compliance Regulations of the Pennsylvania Human Relations Commission (16 PA Code Chapter 49), Title VI of the Civil Rights Act of 1964, as amended, and the Pennsylvania Human Relations Act, as amended (43 P.S. Section 951 et seq.)
- E. The successful applicant will be required to provide all services described in their proposal, or those services negotiated separately, whether or not it provides them directly. If the applicant intends to subcontract any portion of the work to be accomplished, the applicant must identify the subcontractor and provide a complete description of the subcontract and proposed contractual agreements, as part of the proposal. The applicant is prohibited from subletting, conveying, assigning, or otherwise disposing of any contract resulting from this RFP, its rights, title or interest thereof, or its power to execute such agreement to any other company, individual, corporation, or entity without the prior written consent of the York County Area Agency on Aging. Failure to adhere to this procedure will result in nonpayment of any expenses incurred as a result.
- F. Provider certifies that any statement made herein is known to be punishable under law and hereby states and verifies, under all penalties of law provided for official statements, (18 PA CSA §4904) that exclusion screening, as defined and required by Federal law in Part 1 chapter 204 of the York County Code, has been complied with and that the contractor and no employee is an excluded person under Federal law. Contractors shall, in addition, to this certification, also provide a monthly certification during the term of this contract certifying

that exclusion screening has been done and the contractor, and no employee of the contractor, has been identified as an excluded person under Federal or State law.

- G. Provider certifies, for itself and all its subcontractors, that as of the date of its execution of the Agreement, that neither the Provider nor any subcontractors are under suspension or debarment of the County or any governmental entity, instrumentality or authority and, if the Provider cannot so certify, then it agrees to submit a written explanation of why such certification cannot be made. The Provider's obligations pursuant to these provisions are ongoing from and after the effective date of the Agreement through the termination date thereof. Accordingly, the Provider shall have an obligation to inform the County if, at any time during the term of the Agreement, it or any of its subcontractors are suspended or debarred by the County, the State or Federal governments, or any other State or governmental entity. Such notification shall be made within fifteen (15) days of the date of suspension or debarment. The failure of the Provider to notify the County of its suspension or debarment by the County, the State, any other State or the Federal government shall constitute an event of default of the Contract with the County.

SECTION 2

Specific Service Requirements Personal Emergency Response System Monitoring

Minimum Operating Standards

I. Definition:

Personal Emergency Response System (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of an emergency. The consumer may also wear a portable "help" button to allow for mobility. The system is connected to a patient's telephone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone or who are alone for significant parts of the day and have no regular caretaker for extended periods of time and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS serves to prevent institutionalization of these individuals

II. Standards:

- A. The program will lease Personal Emergency Response Systems (PERS) from an emergency medical response system manufacturer (herein called vendor). Units leased will be maintained and guaranteed by the vendor. Each PERS shall include:
 1. Installation in the consumer's home, including any needed telephone jack modifications and devices.
 2. Two-way voice communication.
 3. Fire and smoke detector.
 4. Inactivity timer.
 5. Average range, waterproof, portable help button, with a five-year battery.
 6. Ability to self-test on-line status of all functions.
- B. Included as part of the monthly charge, the vendor shall, either directly or through subcontract, provide for ongoing provision of on-line emergency response center services for each consumer authorized. This shall include response to consumer self-testing, as well as daily provider testing, self-auditing, and quality control, repair, replacement, and staff training.
- C. The vendor will ensure twenty-four (24) hour staffing, by trained operators of the emergency response center, three hundred sixty-five (365) days a year.

III. Certification, Standards, and Safety:

All PERS installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including requirements of the National Electric Code (NEC), communications, consumer or other standards, rules or regulations that may apply.

IV. Installation:

It shall be the vendor's responsibility to deliver and install each PERS unit that is leased. The vendor agrees to complete installation within five (5) working days of receipt of the service order. Services will be billed in the month that PERS units are ordered and installed.

- A. The care manager will notify the vendor by telephone or e-mail of a request for installation. The vendor shall arrange with the consumer for a mutually convenient

appointment within five (5) working days of the vendor's notification by the care manager.

- B. The vendor shall notify the care manager of the installation appointment and shall notify the care manager to confirm that installation has been completed.
- C. The vendor shall immediately notify the care manager if it is unable to schedule or complete an installation within the required timeframe. The vendor shall provide all parts and equipment necessary for installing a PERS unit, whether purchased or leased, into a functioning telephone system.
- D. The vendor shall instruct the consumer in the use and maintenance of the PERS unit and shall provide the consumer with simple written instructions, including how to report a malfunction of the PERS unit.
- E. The vendor shall, upon request of the consumer or care manager, provide additional follow-up instructions to the consumer on operating and maintaining the PERS unit.
- F. The vendor shall forward to the care manager within five (5) working days of the installation, either by mail or by facsimile, a form signed by a vendor representative or employee and by the consumer or consumer's representative confirming the date of the installation and the consumer's understanding of the use and maintenance of the PERS unit.
- G. The vendor shall provide the care manager, consumer, and other persons (as needed to assure care), instructional materials and orientation in the operation of the PERS unit, stated in simple and understandable language.
- H. If any applicable regulatory, industry or manufacturer standards are changed, resulting in improvements or updating of equipment, the care manager shall be notified and each on-line consumer with leased equipment immediately shall be provided with said new equipment.

V. Maintenance of Equipment and Service:

Vendor shall maintain all installed PERS units in proper working order.

- A. Vendor shall make provision to ensure that each installed PERS unit is operating properly at least once every twenty-four (24) hours.
- B. Provision for the daily testing will preferably be automated and cause the least possible inconvenience for the consumer.
- C. The vendor shall follow-up with the consumer and notify the care manager within twenty-four (24) hours, or the next business day, of any PERS unit that is not operating properly. Malfunctioning equipment shall be repaired or replaced within twenty-four (24) hours of notification or identification.

VI. Provision of Service:

Vendor shall maintain, either directly or through subcontract, a twenty-four (24) hour emergency response center staffed with trained emergency response operators. The emergency response center shall perform the activities that follow:

- A. Receive, acknowledge, and establish immediate two-way communication in responding to emergency signals from consumers. The vendor immediately upon receiving a signal from a consumer's PERS unit will retrieve the consumer's automated data records, establish immediate two-way voice contact directly with the consumer via the incoming signal, and contact the consumer's representative or take other emergency action as prescribed in the consumer's record.
- B. Be capable of responding to multiple emergency signals simultaneously.
- C. Respond immediately to any and all signals from a consumer's PERS unit and maintain appropriate contact until termination of the emergency situation.
- D. Notify a third-party, consumer-designated representative (e.g., neighbor, police, emergency medical system (EMS), etc.) to respond to an emergency via immediate

telephone contact and without interrupting or terminating direct voice contact with the consumer.

- E. Monitor the provision of emergency service to verify that it has been provided and that the emergency situation no longer exists at the consumer's residence.
- F. Verify resolution of the emergency situation, document the incident, as below, for future reference, and notify the care manager of the incident within twenty-four (24) hours or the next business day.

VII. Suspension and Termination of Service:

The decision to remove a PERS unit is at the sole discretion of the care manager. For all PERS removals, notification will be by telephone or e-mail from the authorized care manager. Written authorization to terminate PERS service will be sent to the vendor on the same day as the telephone notification. If the vendor is notified directly by a consumer's family or other representative to remove the PERS unit, authorization must first be obtained from the care manager.

- A. When a consumer with a PERS unit no longer requires such services, the care manager will discuss with appropriate staff and contact the vendor, so that the PERS unit may be transferred or removed.
- B. When a consumer's services are suspended because of the consumer's admission to the hospital, the care manager will notify and/or authorize the vendor to take the unit off-line. Services will be resumed to the consumer only after the care manager notifies the vendor. Payment for leased equipment will be made at the standard unit price as long as the unit remains in the home of a consumer.
- C. The vendor shall disconnect/remove a PERS unit from a consumer's residence within five (5) working days of notification by the care manager.

VIII. Supervision:

The vendor shall supervise all staff providing services covered by this contract, at a minimum of once a month. It is expected that there will be a supervisor available during working hours.

IX. Staffing and Qualification:

- A. Line Staff Employees shall possess:
 - 1. Ability to work under supervision as employees of the agency.
 - 2. Ability to communicate orally with the consumer and resource personnel with whom they must work, and both orally and in writing with their supervisor.
 - 3. Ability to read, write, follow written instructions, and to converse easily on the telephone.
 - 4. Training and/or paid or volunteer experience of one (1) year or more, specifically related to the skills required to perform as an emergency response center employee. A written test shall be administered to and successfully completed by, all consumer contact employees, by the vendor, pertaining to proper operation of the system and response to emergencies, or installation and repair of equipment, prior to being assigned on the job.
 - 5. Ability to provide references as follows:
 - a. Two (2) verifiable work references; or
 - b. One (1) verifiable work reference indicating a minimum length of employment of one (1) year; or
 - c. Two (2) references, total, from a supervisor and/or instructors from an acceptable training program.
- B. Supervisors:
 - 1. Supervisors shall be capable of demonstrating and teaching all job skills needed to perform all aspects of the jobs of their employees.

2. Supervisors shall receive regular supervision by a designated administrative staff person.
- C. Administrative Staff:
 1. Sufficient administrative staff shall be employed to insure the efficient and effective provision of service under the contract.
- D. Consultant Staff:
 1. Appropriate other staff shall be available for consultation regarding response, operation, training or other matters requiring professional input.
- E. General Staff:
 1. The vendor will maintain sounder personnel policies to minimize personnel turnover which would adversely affect the delivery of service.

X. Training:

- A. In-service training sessions must be offered to all direct consumer contact employees. Subject areas covered should relate to relevant aspects of service delivery, trends or advances in the field or identified problems or gaps in knowledge. Programs on vendor policies and procedures are necessary but should not constitute the majority of any session.
- B. The vendor will use, and have on file, written training materials and procedures.
- C. For staff with demonstrated personal characteristics and abilities, training in how to work with consumers having special mental health or other complex needs is encouraged.

XI. Insurance:

- Agencies who wish to provide Personal Emergency Response System services will be required to attest to having the following types of insurance in amounts consistent in the industry:
- A. General liability
 - B. Automobile liability, if vehicle is company owned
 - C. Workers' Compensation, as required by law
 - D. Employer's liability of accident and disease

XII. Service Reporting:

Persons providing Personal Emergency Response System services must comply with all reporting requirements specified by the YCAAA.

XIII. Scheduling:

Days and times scheduled for Personal Emergency Response System services must be consistent with the care plan provided by the YCAAA.

XIV. Confidentiality:

- A. All agencies that provide Personal Emergency Response System services must comply with all Federal, State, and Local laws relating to research on human subjects and consumer confidentiality.
- B. Agencies must provide all care managers with consent forms and approval from all appropriate review boards for those consumers who wish to be part of a research study.

XV. Centers for Disease Control Guidelines and OSHA Regulations:

All providers of services to YCAAA consumers are to comply with Federal, State, and Local health requirements related to communicable disease and to follow procedures recommended in the Centers for Disease Control (CDC) Guidelines and OSHA regulations, including provision of protective articles to staff and in-service on universal precautions.

SECTION 3

Format and Information Required from the Applicant

3-1. Format

Each of the following requirements must be addressed. Failure to meet any of these requirements will result in automatic disqualification.

- A. Proposals must be typed, double-spaced, on 8 ½" x 11" paper with pages consecutively numbered, and must contain a numbered table of contents.
- B. Proposals must be placed in an opaque, sealed envelope which contains the name and address of the applicant on the front and must be labeled Application to Provide Personal Emergency Response System Monitoring
- C. Proposals must be signed by the official authorized to bind the applicant.
- D. **Five (5)** copies of each proposal must arrive at the York County Area Agency on Aging, 100 West Market Street, York, PA, 17401, at or before 4:00 p.m. on Thursday, November 10, 2016. Material submitted after this deadline will not be considered.
- E. Fax copies and email copies are not acceptable.

3-2 Information Required from the Applicant

- A. **Letter of Intent to Submit a Proposal** – Exhibit 1 – Due Friday, October 7, 2016
- B. **Application to Personal Care and Home Support Services** – Exhibit 2
- C. **Applicant's Questionnaire** – Exhibit 3
- D. **Applicant's Assurance** – Exhibit 4
- F. **Work Plan** (Narrative Section) – Exhibit 5 – This narrative section must include:
 - 1. **Applicant Organization and Experience**
 - a. Describe the organization, its mission, purpose and governing structure. Indicate when and why the agency organized and the current focus.
 - b. Describe the agency's experience providing aging services, professional associations and affiliations, and experience working with human services or government entities in the provision of services.
 - c. If your agency provides service to private pay consumers, indicate the customary hourly charge to such consumers. If this rate is lower than the rate proposed in response to this RFP, please provide explanation as to why.

Format and Information Required from the Applicant (continued)

- d. As part of this section, please include a Certificate of Insurance showing adequate insurance for personnel in the appropriate areas: Personal Injury, Professional Liability, Non-owned Automobile Liability, Malpractice Liability, Fidelity Bond and Workmen's Compensation.

2. Applicant Personnel Qualifications

Provide the name and position of the person who will have ultimate responsibility and accountability for this program. Also indicate lines of authority among existing and proposed staff positions related to this service. Attach applicable job descriptions for relevant personnel and curriculum vitae for agency director.

3. Understanding the Problem

- a. How will the applicant meet current needs of consumers and ensure the continued delivery of reliable and high quality service?
- b. Explain how the applicant will assist the York County Area Agency on Aging in the pursuit of its mission and objectives?

4. Methodology

- a. Describe agency's personnel policies and procedures specific to recruitment, employment, training, and supervisory oversight to ensure competent and quality delivery of service provided by agency personnel.
- b. Explain capacity to deliver service in the defined geographic area of York County and scheduling methodology used to ensure coverage. Please explain any anticipated gaps or limitations in service coverage.
- c. Describe policies and procedures to ensure the safe and reliable delivery service including scheduling mechanisms, contingencies for unanticipated cancellations, and employee conduct when in a consumer's home.
- d. Describe agency policies and procedures in order to comply with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

G. Appendix

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging must submit all of the materials listed in the Appendix. These documents must be compiled in a section labeled Appendix and submitted with the proposal.

H. Contractor Checklist

This checklist has been created for applicants to ensure they are submitting all required information.

SECTION 4

Criteria For Selection of Proposal

All criteria must be addressed and will be evaluated. The successful bidder will be the applicant with the highest number of points out of a possible one hundred (100) points in each proposed region.

4-1. Cost (50 points)

Utilizing the total York County Area Agency on Aging funds requested, the lowest responsible price submitted by all qualified applicants will receive 50 points. Each subsequent higher proposed cost will be assigned a numerical point value using the following formula:

$$50 \text{ points} \quad X \quad \frac{\text{lowest cost}}{\text{second lowest cost}}$$

$$50 \text{ points} \quad X \quad \frac{\text{lowest cost}}{\text{third lowest cost}}$$

The determination of “responsible” shall be at the sole discretion of the AAA.

4-2. Agency Experience (10 points)

- A. **Personal Emergency Response System Monitoring (5 points)** – The applicant must demonstrate adequate experience as an agency in the provision of Personal Emergency Response System Monitoring. References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of experience, demonstration of strong connections with relevant professional association, and history of contracting with government or human services entities	5 points
3-4 years of experience, adequate demonstration of professional connections, and history of at least one government or human services contract.	4 points
1-2 years of experience, limited professional associations, no history of contracts.	3 points
Less than one (1) year of experience, no professional association, and no history of contracts.	1 point
No experience evident/ not addressed	0 points

Criteria For Selection of Proposal (continued)

B. Specific to Aging (5 points)

The applicant must indicate the number of years of experience providing services to the aging population. References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of service provision for the aging population	5 points
3 – 4 years of service provision for the aging population	4 points
1 – 2 years of service provision for the aging population	3 points
Less than one (1) year of service provision for the aging population	1 point
No experience evident / Not addressed	0 points

4-3. Personnel Qualifications (10 points)

This refers to the quantity and capability of staff assigned to successfully implement the proposed services.

Point Determination:

All administrative, supervisory, support and direct service staff are identified and the complement clearly is of the size and has the experience necessary to accomplish their stated goals	10 points
Some administrative, supervisory, support and direct service staff are identified and appear capable of accomplishing their goals	5 points
Staffing pattern is inadequate	0 points

4-4. Understanding the Problem (5 points)

This refers to the applicant's understanding of the need that generated the RFP, the AAA's objectives in asking for the services, and the nature and scope of the work involved.

Point Determination:

Clearly shows evidence of understanding the need for Personal Emergency Response System Monitoring.	5 points
Shows some evidence of understanding the need for Personal Emergency Response System Monitoring.	2 points
Shows no evidence of understanding the need for Personal Emergency Response System Monitoring.	0 points

Criteria For Selection of Proposal (continued)

4-5. Soundness of Methodology (25 points)

Refers to the appropriateness and clarity of the applicant's work plan to be used in fulfilling the goals of the proposal.

Point Determination:

Clearly defined work plan designed to assist consumers needing the services proposed including cultural and community differences.	25 points
A work plan designed to generally assist consumers needing the services proposed. Procedures are reasonably clear and sufficiently practical.	15 points
A work plan designed to provide minimal assistance to consumers needing the services proposed and has little practical validity.	5 points
No evidence of a valid plan / Not addressed	0 points

ATTACHMENT 1

Proposal Time Frames

<u>Activity</u>	<u>Date</u>	<u>Time</u>
1. Place Request for Proposal (RFP) in local newspapers and internet. Release copies to prospective applicants	September 22, 2016	4:30 p.m. EST
2. Interested Applicants must submit a Letter of Intent to Submit a Proposal	October 7, 2016	4:30 p.m. EST
3. Interested Applicants must submit any questions, in writing, concerning the RFP to the York County Area Agency on Aging	October 14, 2016	4:30 p.m. EST
4. Pre-Proposal Conference to be held	October 20, 2016	1:00 p.m. EST
5. Minutes and written response to all questions received from the pre-proposal conference meeting will be e-mailed to all applicants.	October 25, 2016	4:30 p.m. EST
6. Proposals must be received by the York County Controller's Office	November 9, 2016	11:00 a.m. EST
7. Anticipated date for notification of awards	November 30, 2016	4:30 p.m. EST
8. Anticipated contract date	January 1, 2017	

EXHIBIT 1**Personal Emergency Response System Monitoring****Letter of Intent to Submit a Proposal**

This form is due by 4:00 p.m. EST, November 10, 2016.

Send to: Mark Shea
Director
York County Area Agency on Aging
100 W. Market St.
York, PA 17401

The form may be mailed to the above address or faxed to (717) 771-9044.

I intend to submit a proposal to provide Personal Emergency Response System Monitoring for the contract period beginning January 1, 2017 ending June 30, 2017.

Applicant's Name: _____

Address: _____

Telephone: _____

Signature of a person authorized to sign contract:

Print Name _____

Title _____

EXHIBIT 2**APPLICATION**

**Application to Provide
Personal Emergency Response System Monitoring
for the
York County Area Agency on Aging**

Applicant Name: _____

Address: _____

Telephone: _____

Contact Person: _____

**Authorized
Signature:** _____

EXHIBIT 3

APPLICANT'S QUESTIONNAIRE

All applicants must complete the following questionnaire. All questions must be answered and the data given must be clear and comprehensive. If necessary, additional sheets may be used to complete the answers.

1. Name and address of Applicant: _____

Telephone Number: _____

2. Type of Business (check each one that applies)

<input type="checkbox"/> Public Non-Profit	<input type="checkbox"/> Public for profit
<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual Proprietor
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

3. Number of years applicant has provided Personal Care and Home Support Services

4. Has applicant ever been awarded similar contracts by any government body or entity?
☐ Yes ☐ No. Number of such contracts in the last three years: _____

5. Is applicant presently under contract with any other social services of health care related agencies or establishments? ☐ Yes ☐ No. If yes, please identify:

6. Has applicant ever defaulted on a contract or failed to complete any work awarded to applicant? ☐ Yes ☐ No. If yes, please explain:

Page 2

7. Has applicant ever been declared ineligible or barred from submitting bids for any government contracts? ____ Yes ____ No.

If yes, please explain:

8. Has the applicant or any of its Principles, Officers, or present or former employees ever been found by any court or administrative agency to have discriminated against any person because of race, color, national origin, religious creed, age, sex, or disability? ____ Yes ____ No.

If yes, please explain:

9. Does the applicant have any outstanding unsatisfied judgments or tax liens filed or any lawsuits pending? ____ Yes ____ No.

If yes, please explain:

EXHIBIT 4**PERSONAL EMERGENCY RESPONSE SYSTEM MONITORING
PROGRAM ASSURANCES**

I, the undersigned, certify that:

1. I am familiar with the Request for Proposal and its contents and will commit the resources at my disposal to assure the successful completion of all services and programs described in the proposal.
2. I have reviewed the minimum operating standards governing the provision of personal care and home support services, and do hereby assure the agency's compliance with all requirements.
3. The information documents and computations are true, correct, and complete to the best of my knowledge to assure a responsible proposal.

Responsible Authority

Date

Typed Name

Telephone Number

EXHIBIT 5**APPLICANTS WORK PLAN NARRATIVE SECTION**

APPENDIX

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging, Inc. (AAA) must submit the following documents compiled in a section labeled Appendix. Only proposals from eligible applicants will be evaluated and rated using the criteria for selection as outlined in Section 6.

1. Certificate of Incorporation or other documentation establishing the entity, if applicable.
2. Table of Organization
3. Certificate(s) of Insurance.
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.
5. Standard Observed Holidays
6. IRS non-profit designation, if applicable.
7. PA Bureau of Charitable Organizations Registration, if applicable
8. Copy of current license (if applicable)

APPLICANT CHECKLIST
York County Area Agency on Aging
Request for Proposal (RFP) for Personal Emergency Response System Monitoring
FY 2016/2017

Applicant _____

SUBMISSION REQUIREMENTS	YES	NO	N/A	Waiver Rec'd.
Letter of Intent to Submit a Proposal (Exhibit 1) received by 4:30 pm,				
Five (5) copies of the application received by 4:00 pm,				
Application adhered to required format, signed by an official authorized to bind the applicant.				
Proposal contained the following required inclusions:				
A. Application to provide Personal Emergency Response System Monitoring(Exhibit 2)				
B. Applicant's Questionnaire (Exhibit 3)				
C. Applicant's Assurance (Exhibit 4)				
D. Work Plan – Narrative Section (Exhibit 5)				
E. Appendix included the following:				
1. Certificate of Incorporation or other documentation establishing the entity, if applicable				
2. Table of Organization				
3. Certificate(s) of Insurance.				
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.				
5. Standard Observed Holidays				
6. IRS non-profit designation, if applicable.				
7. PA Bureau of Charitable Organizations Registration, if applicable				
8. Copy of current license (if applicable)				
Comments:				

